

INSTRUCTIONS

This form may be completed by any party seeking state level action on a disagreement regarding identification, eligibility, evaluation, assessment or provision of early intervention services for infants and toddlers birth to 36 months of age and their families. All parties are encouraged to resolve differences locally. However, when differences cannot be resolved, voluntary impartial mediation and due process hearings are available. Persons filing this form may seek assistance in filling out this form from their child's assigned service coordinator or other regional center or local education agency representatives.

- I. **PETITIONER INFORMATION** - Complete the information as the person authorized to initiate these proceedings. In most cases, this is the parent, surrogate parent or other legal guardian for the child who is the subject of the disagreement. It may also be a regional center or local education agency.
- II. **RESPONDENT INFORMATION** - Provide information about the party(ies) with whom you are having the disagreement. It is critical that this information is complete and accurate. It will be used to contact the other party(ies) in this proceeding. Your child's assigned service coordinator is available to assist you in identifying the appropriate respondent(s) for the specific issue(s) in question.
- III. **OTHER INFORMATION**
 - A. Briefly state the issue(s) related to the disagreement. A written statement may also be attached.
 - B. Briefly describe what you believe to be the appropriate solution to your disagreement. Again, a written statement may be attached.
 - C. There are two processes available at the state level to resolve your dispute. They are the mediation conference which is voluntary and the due process hearing. The parties to the disagreement are encouraged, as a first step, to utilize the mediation process. Mediation is a voluntary impartial and non-adversarial dispute resolution process. If mediation is not successful in resolving the issue(s), the parties automatically proceed to the scheduled due process hearing. Either party in these proceedings has the right to waive the mediation conference and proceed directly to the due process hearing. Please indicate whether you are interested in attending a mediation conference.
 - D. Identify the appropriate public location that would be convenient for you to attend the conference or hearing.
 - E. Sign and date the form.
- IV. **AUTHORIZED REPRESENTATIVE (Optional)** - A parent, surrogate parent or other legal guardian may authorize any other person to represent their interest throughout the due process hearing. If requesting an authorized representative, both the person filing the complaint and the representative must sign this form. If not requesting an authorized representative, leave this section blank.

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| V. If you live in Riverside, Imperial, San Bernardino, or San Diego counties, mail or fax this form to: | If you live in Inyo, Kern, Los Angeles, Mono, Orange, San Luis Obispo, Santa Barbara, or Ventura counties, mail or fax this form to: | All other counties, mail or fax this form to: |
| Office of Administrative Hearings
1350 Front Street, Suite 6022
San Diego, CA 92101
(619) 525-4475
FAX (619) 525-4419 | Office of Administrative Hearings
320 West Fourth Street, 6th Floor, Suite 630
Los Angeles, CA 90013
(213) 576-7200
FAX (213) 576-7244 | Office of Administrative Hearings
560 J Street, Suite 300
Sacramento, CA 95814
(916) 445-4926
FAX (916) 323-6439 |

Upon receipt of your request, OAH will notify you of the scheduled time and location of the mediation conference and/or due process hearing which will be conducted as follows:

1. The mediation conference and due process shall be conducted at a time and place reasonably convenient for the parent(s) or person filing the complaint. Both meetings must be conducted in the language of the family's choice or other mode of communication, unless clearly not feasible to do so.
2. The proceedings shall be conducted by an impartial person knowledgeable in the laws governing early intervention services and administrative hearings. The same administrative law judge will not be assigned to the mediation conference and the hearing.
3. Until an agreement is reached or a decision made, the infant or toddler will continue to receive the early intervention services currently being provided, unless the parties agree otherwise.
4. Any party to a mediation conference also has the right to:
 - a. Be accompanied by a representative(s) of their choice;
 - b. Present relevant information about the issue of disagreement; and
 - c. Obtain a written copy of the mediated agreement, signed by both parties.
5. Any party to a due process hearing has the right to:
 - a. Be accompanied by counsel and/or by individuals with special knowledge relating to the needs of infants/toddlers with disabilities;
 - b. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
 - c. Prohibit the introduction of any evidence that has not been disclosed to the party at least five (5) days before the hearing;
 - d. Obtain a written or electronic verbatim transcription of the proceedings; and
 - e. Obtain written findings of fact and the decision.
6. Within thirty (30) calendar days of the receipt of the written request by OAH, the mediation conference and/or the due process hearing shall be conducted and a written copy of either the mediation agreement or the hearing decision shall be mailed to both parties.
7. The results of the hearing shall be final and binding on all parties.
8. Either party who disagrees with the outcome of the hearing may appeal the decision to a court of competent jurisdiction.

**DUE PROCESS MEDIATION AND
HEARING REQUEST****DS 1802 (Rev. 5/2000)****EARLY START PROGRAM****I. FILED BY** *(Authorized individual initiating request.)*☐ Parent ☐ Legal Guardian ☐ Assigned Surrogate Parent ☐ Authorized Representative ☐ Regional Center or Local Education Agency

Name of Person Filing Complaint

Address (Number and Street)	(City)	(State)	(Zip Code)	Telephone Number
Name of Infant/Toddler who is the Subject of the Request (Petitioner)				Birth Date (Month, Date, Year)
Address (Number and Street) <i>(If different than person filing complaint.)</i>	(City)	(State)	(Zip Code)	Telephone Number

If the infant/toddler is involved with an infant development program, please give the program name _____

II. RESPONDENT INFORMATION *(Local education agency, regional center, parent or other party with whom you have the disagreement.)*

1. Name/Title	Organization	Telephone Number
Address (Number and Street)	(City)	(State) (Zip Code)
2. Name/Title	Organization	Telephone Number
Address (Number and Street)	(City)	(State) (Zip Code)

III. OTHER INFORMATIONA. Describe your disagreement *(A written statement may be attached.)*B. Describe your proposed solution to the disagreement *(A written statement may be attached.)*C. Desire for a mediation conference. *(Prior to the due process hearing, a voluntary mediation conference is available. The mediation conference is a less formal, impartial and non-adversarial dispute resolution process. While mediation is encouraged, it is not required. If mediation is unsuccessful, a due process hearing is automatically conducted as scheduled.)*☐ I accept the mediation conference. ☐ I **do not** accept the mediation conference.

D. I prefer the conference/hearing be held at the regional center ____ or the local education agency ____ or other appropriate public location ____ located at:

Address (Number and Street)	(City)	(State)	(Zip Code)	Telephone Number
E. Signature of Person Filing Complaint				Date

IV. AUTHORIZED REPRESENTATIVE (Optional) *(The parent may authorize another individual to represent them throughout the formal hearing.)*I authorize _____, _____, to represent the petitioner, in this matter.
(Name) (Relationship to Petitioner)

Signature of Person Filing Complaint	Date
Representative's Signature	Date